

How did you hear about us? \_\_\_\_\_

Date: \_\_\_\_\_



## Deaf and Hard of Hearing Smoke Alarm Application

### To participate in the program, you must:

- Answer all questions on this application;
- Have a professional attest to the disability (see **"Proof of Hearing Loss or Deafness"** signature line below)
- Be a resident of Lafayette Parish;
- NOT live in an institutional facility (dorm, nursing home, etc.)

### Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Installation Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
STREET ADDRESS MO/DAY/YEAR

CITY

ST

ZIP

Mailing Address (if different from above) \_\_\_\_\_  
STREET ADDRESS

CITY

ST

ZIP

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Is email a good way to contact you? ☐ Yes ☐ No

### Contact Person *(please provide information for a Contact Person if you need assistance with scheduling the smoke alarm installation.)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Did the Contact Person assist you with this application? ☐ Yes ☐ No

### Additional Information *(please check the answer to the questions below. Answers help us select the best equipment for your needs.)*

☐ Deaf

☐ Hard of Hearing

☐ Deaf-Blind

#### 1. Type of Residence

☐ Single Family

☐ Multi-Family

☐ Apartment

☐ Mobile Home

#### 2. Primary Language

☐ English

☐ ASL

☐ Other \_\_\_\_\_

☐ Will require ASL Interpreter

### Proof of Hearing Loss or Deafness *(as proof - a professional may attest with their signature below.)*

SIGNATURE

TITLE

PHONE NUMBER

**Mail, fax, email or bring this completed application to:**

Lafayette Fire Department's Fire Prevention Division

2100 Jefferson St. Bldg. B / Lafayette, LA 70501

Fax: (337)291-5531/ Email: FireSafety@lafayettela.gov

Questions? Contact us at (337)291-8704

*For internal use only:*

Application Number: